Meeting Minutes
Health Information Technology Council Meeting

August 4, 2014
3:30 – 5:00 P.M.

One Ashburton Place, 21th floor Matta Conference Room
Boston, MA

Meeting Attendees

Name	Organization	Attended
John Polanowicz	*(Chair) Secretary of the Executive Office of Health and Human Services*	No
Manu Tandon	*(Chair) Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator*	Yes
Bill Oates	*Chief Information Officer, Commonwealth of Massachusetts*	*
David Seltz	*Executive Director of Health Policy Commission*	**
Aron Boros	*Executive Director of Massachusetts Center for Health Information and Analysis*	No
Laurance Stuntz	*Director, Massachusetts eHealth Institute*	Yes
Eric Nakajima	*Assistant Secretary for Innovation Policy in Housing and Economic Development*	No
Patricia Hopkins MD	*Representative from a small Physician group Practice Rheumatology & Internal Medicine Doctor (Private Practice)*	No
Meg Aranow	*Senior Research Director, The Advisory Board Company*	No
Deborah Adair	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	Yes
John Halamka, MD	*Chief Information officer, Beth Israel Deaconess Medical Center*	Yes
Normand Deschene	President and Chief Executive Officer , Lowell General Hospital	No
Jay Breines	Community Health Center	No
Robert Driscoll	*Chief Operations Officer, Salter Healthcare*	Yes
Michael Lee, MD	*Director of clinical Informatics, Atrius Health*	No
Margie Sipe, RN	*Performance Improvement Consultant; Massachusetts Hospital Association (MHA)*	Yes
Steven Fox	*Vice President, Network Management and Communications, Blue Cross Blue Shield MA*	Yes
Larry Garber, MD	*Medical Director of Informatics, Reliant Medical Group*	Yes
Karen Bell, MD	*Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED*	Yes
Kristin Madison	*Professor of Law and Health Sciences, Northeastern School of Law, Bouve college of Health Sciences*	No
Daniel Mumbauer	*President & CEO, Southeast Regional Network, High Point Treatment Center, SEMCOA*	Yes
Kristin Thorn	*Acting Director of Medicaid*	***

*Claudia Boldman

** Cecilia Gerard

*** Kris Williams

Guest

Name	Organization
Robert McDevitt	EOHHS
Claudia Boldman	ITD
Sean Kennedy	MeHI
Jennifer Monahan	MAeHC
Micky Tripathi	MAeHC
Mark Belanger	MAeHC
Kathleen Snyder	EOHHS
Amy Caron	EOHHS
Darrel Harmer	EOHHS
David Smith	MA Hospitals Association
Ryan Ingram	Massachusetts Dental Society
Eddy Rospide	Winchester Hospital
Hilary Croach	Bay Cove Human Services
Linda Vaiticus	EOHHS tech writer
Stacy Piszcz	EOHHS
David Bowditch	EOHHS
Sarah Moore	Tufts MC
David Bachand	WEQCA
Ashlie Brown	EOHHS
Elliot Naidus	EOHHS

Meeting called to order – minutes approved

The meeting was called to order by Manu Tandon at 3:31 P.M.

The Council reviewed minutes of the June 9, 2014 HIT Council meeting. The minutes were approved with one edit.

Discussion Item 1: Winchester & eLINC (Slides 3-16)

See slides 3-16 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

An update on Winchester's Health Information Exchange (HIE) was provided by Eddy Rospide, Electronic Medical Record (EMR) and HIE Director for Winchester Highland Management, LLC.

(Slide 5) eLINC Health Information Exchange (HIE) – eLINC was originally formed to deal with certain payer contracts. Now it will also be used to improve overall efficiency, quality and safety for the organization. The acronym stands for- **e**lectronically **L**everaging information, **I**mproving care, **N**etworking providers and **C**ommunicating with each other.

(Slide 6) Winchester Community Current Environment – Roughly 88.5% of Winchester physicians have reached Meaningful Use Stage 1. There are 81 total interfaces between Winchester Hospital and physician practices, and 23 different Electronic Medical Records (EMR's) in use. The goal is to reduce the list to closer to five vendors. 23 practices (27 physicians) are still using paper.

(Slide 7) eLINC Participant Services – The same team will be supporting eLINC that currently supports the EMR's in the community – they provide help with implementations, Meaningful Use attestations, setting up Direct Messaging accounts, creating notifications for hospital admissions, lab and radiology results delivery, and overall business intelligence services related to quality improvement.

(Slide 8) eLINC Clinical Summary Repository - The right side [of the slide] lists the vendor systems that are supported. Admit, Discharge, Transfer (ADT) messages come to the platform in the middle [of the slide] and are delivered right into the EMR. Ultimately Winchester would like to connect the Skilled Nursing Facilities (SNF's), Lahey and Tufts/New England Quality Care Alliance (NEQUA).

(Slide 9) Clinical Data Repository-eClinicalWorks eHx- Winchester has connected a few eClinicalWorks (eCW) practices and is testing with athenahealth to do a Direct integration with Winchester Hospital.

(Slide 10) Lessons Learned So Far- Thanks for the Mass HIway grant! It is helping with the consent implementation as well as deployment of services for sending messages/notifications for Emergency Department visits. Their Health Information Services Provider (HISP) is using Direct Trust framework and is connected to the HIway. The next steps are to implement the Mass HIway Relationship Listing Service (RLS) and Query and Retrieve functionality then to start conversations with NEQCA, Lahey and Winchester.

(Slide 11) What's a CCD? What's in it? - A list of the contents of a Continuity of Care Document (CCD) was provided.

(Slide 12) eLINC eHealth Summary- A screenshot of the eLINC eHealth Summary was displayed.

(Slide 13) eLINC eHealth Summary, Con't- A screenshot of the eLINC eHealth Summary was displayed.

(Slide 14) eLINC High Level End State Diagram- There are three ways to log into eLINC- a provider can access the HIE directly from their EMR, use a single sign on, or the last resort is using the web portal.

(Slide 15) eLINC & Mass HIway – The hardest part is for the provider to get a Direct address. The next steps will be the Phase 2 integration and then deploying accounts to providers. There will be sessions with each of the providers to set up addresses and each practice can choose to have organizational or individual addresses. Rollin out the directory is tough right now. Winchester is also referring a lot of EMR

vendors to the Mass HIway for the Immunization interfaces that the providers desperately need right now.

(Slide 16) Questions –

- Question (Karen Bell): I understand why you have a HISP for Winchester- why not use the HIway to connect to Tufts and Lahey, which also have to connect with hundreds of other providers in the state?
    - Answer (Eddy Rospide): We plan to once we get the Direct addresses and they are on the HIway. Originally we made a business decision with the Winchester community to stand up our own HISP. We do not want the providers to have to go somewhere else to get the information and we want to connect to the EMR directly. We are working with every vendor to get them connected to the HISP right now. If the provider does not want to do that we have said we will hold back 10% of their withholds. They must send a Direct message to someone in the network.
- Question (John Halamka): Since you have worked with a number of vendors, can you tell us who is easy and who is hard to do the Direct connection with?
    - Answer (Eddy Rospide): NextStep was the hardest- they did not have a HISP vendor. They were trying to do a Health Level 7 (HL7) integration originally so we suggested using a HISP, but they did not have a solution. NextGen was the easiest, Allscripts was also easy. Once you are part of the Direct Trust it was easy. General Electric (GE) is the hardest - the providers have to get their Direct addresses from Surescripts. We are trying to help providers navigate that world. eCW is difficult right now as well. Athena was easy - they were one of the first connected.
- Comment (John Halamka): It sounds like his experience was the same as the rest of us - athenahealth is cloud hosted, very easy, and eCW is often stuck in the weeds. The questions they are asking us are just not what anyone else in the industry is doing and they are just not moving very fast.
- Comment (Eddy Rospide): I have made some trips to visit Garish. I think when that happens things start to move in the right direction for a while.
- Comment (John Halamka): As you said, GE is largely 'Imagination at Work.' They are just too large. Their executive management is located at 110 Huntington Avenue. The reason I say this is, each of us are going to have to go through the same struggles, if we can document as a community the issues we are seeing we can all solve this together with their management team.
- Question (John Halamka): You said you also connected SNF's? Do you use the SEE approach?
    - Answer (Eddy Rospide): I work with Bob Driscol, and the vendor SigmaCare. We have found that a lot of the SNF vendors are not up to speed. We tell them, if you are going to spend resources it should be here -this is an area that needs a lot of help. Right now they have to look at the CCD as a pdf, and then import it manually. A lot of this is because the providers are not required to meet Meaningful Use and there are no certification requirements. Interfacing is expensive.

- Question (Laurance Stuntz): Are they aware of the national movement for voluntary certification?
    - Answer (Eddy Rospide): Some of them are - we are trying to guide them in that direction.
- Comment (John Halamka): The assumption during those conversations was – "do we really need to capture the smoking status for every SNF patient?" But some vendors may see government certification as a marketing advantage.
- Comment (Larry Garber): That is what we have been pitching – "look ACO's are forming and hospitals are picking who they are working with." They will want someone who can 'plug and play.'
- Comment (Eddy Rospide): It's also about controlling costs - sometimes the sickest patients that need the most care are part of these SNF's. Next year I think we will see more and more people coming to SNF's looking to engage.
- Question (John Halamka): Regarding Direct trust - we looked at this many times. At the moment we have not seen the immediate value in making the HIway a Direct Trust node; do you have any comments on that?
    - Answer (Eddy Rospide): It made my job easier. Instead of having to work with GE, Allscripts, Vitera and Practice Partners the connectivity already existed. We just needed to get the addresses. Unless you join Direct Trust you must test with every single vendor. The certificates have already been accepted by all.

Discussion Item 2: Mass HIway Update

See slides 17-28 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

An update on the Mass HIway was presented by Darrel Harmer, Associate Chief Information Officer – Health Information Exchange at EOHHS.

(Slide 18) HIway Legal Agreements – The team has been simplifying the Legal Agreements and they are close to finalization. A new Policies and Procedures document is one of the keys to further simplifying the Legal Agreements. The document will be put out to limited circulation soon and will be ready shortly thereafter. The Policies and Procedures document will be a living document by definition and will evolve as functionality is added to the HIway. Documents will be circulated to the Advisory Groups in September for feedback and implemented shortly thereafter.

(Slide 19) HIway Release Schedule –Release 1 of the Healthcare Provider Portal (HPP) is about to go live. It will not be visible to the outside world but will hopefully benefit providers and vendors that get on the HIway. The next phase of the HPP will come out in the fall and will be very visible with features for enrollment and self- service. The eReferral release 1 is complete. The next phase will be linking it to HIway and go live is targeted for this month. Enhancements to the RLS will be going live in September. A web service to access the RLS will be available.

- Question (John Halamka): Has anyone done the eReferral? I am looking at the contents of what they are asking for and I am not sure it is possible. I am not worried about the transport- I worry about actually producing the contents out of the EHR.
    - Answer (Darrel Harmer): It is my understanding that it is just the Young Men's Christian Association (YMCA) and tobacco quit lines- those not using an EHR.
- Comment (John Halamka): There are a whole lot of fields that do not exist in an EHR. The principles are all great but no EHR can produce the data being asked for.
- Comment (Manu Tandon): We will look at that - this is coming from a non-EHR workgroup.
- Question (Claudia Boldman): What is the status of consent expiration?
    - Answer (Darrel Harmer and Mark Belanger): We will be turning off consent when minors turn 18. Tt will automatically turn off at midnight before the birthday of someone turning 18.
- Question (Laurance Stuntz): There was one other node; Children's Behavioral Health. I think it was in testing - is there an update there?
    - Answer (Darrel Harmer): We need to do some more work with testing on the back end, there is still more development to be done. We do not have a current target date- we will get a current target date for next time.

(Slide 20) HIway Outreach Update – From an outreach perspective we want to increase transactions and start to define and publicize stories. For the September meeting there will be more robust management and tracking metrics to provide. In the past the HIway team had just been tracking the Participation Agreement numbers, number of transactions and trading partners. Now we need to move to more robust numbers to gauge where we are doing well and where we need to put more focus. There is a need for more educational materials as well. User groups are starting soon and the team will get a regular process going for getting information out. The team is doing strategic planning as we speak and will be meeting later this week.

(Slide 21) HIway Operations Update– Added 16 new organizations, up to 220.

(Slide 22) HIway Operations Update- Nine new organizations are actually on the HIway, totaling 168.

(Slide 23) HIway Operations Update- May, June and July are trending up, the team is optimistic it will keep going up. We crossed the three million transaction marker in July.

(Slide 24) HIway Operations Update – The goal in fiscal 2014 was to get at least 150 organizations on, and we beat that. Manu will be moving the goal lines for fiscal 2015!

(Slide 25) HISP to HISP Connectivity – Since April we have been working with the group listed on the slide and divided the work into 5 phases. If you are green all the way across you are a HISP on the HIway now- 4 right now. The date to the right is the date we are aiming for. If it is green it means the date was hit.

(Slide 26) HISP to HISP Connectivity State of Surescripts &eCW- Surescripts is mostly a timing issue on their side and minor technical coordination on our side. eCW has been more of a challenge. They currently require a specific format code which tells you what kind of document it is which HIway can't

do because we won't open or inspect the message payload. Also, the format code is optional metadata as specified by the Direct standard. Right now eCW is unable to relax that requirement and the workarounds identified are clunky so the team is escalating the issue to senior management at eCW. The team is willing to be flexible, but needs to stay true to Direct. We are the Post Office, not the National Security Agency (NSA).

- Comment (John Halamka): Whenever the Standards Committee writes any of these standards they say Postel's Law is the most important to respect - whenever you send something adhere to the spec precisely and whenever you receive something accept the slop. eCW is violating this principle of interoperability by enforcing an optional field.
- Question (Larry Garber): On slide 26, with the Surescripts and UMass, does that mean all UMass hospitals will be connected to the HIway?
    - Answer (Darrel Harmer): We will check.
- Question (Steven Fox): Where are you with McKesson?
    - Answer (Darrel Harmer): As I understand it we need them to sign a Participation Agreement, the technical side is moving along fine.

(Slide 27) Adjusting HIway technical spec to meet market needs – Asking for approval from the Council to change a policy.

Slide 27 was presented by John Halamka, CIO Beth Israel Deaconess.

Dr. Halamka described two issues with the originally conceived Mass HIway technical architecture that the market has evolved away from. The first is the approach to transforming messages from SMTP to XDR and vice versa. The second is the decision to use double encryption (payload and transport). These choices are creating a major technical barrier for vendors to interface with the Mass HIway. Dr. Halamka asked that the council endorse the decision to realign with industry standards that have evolved since the HIway's inception.

- Question (Steven Fox): Does Direct help with that at all?
    - Answer (John Halamka): It is not required or mandatory.
    - Answer (Larry Garber): You can still send minimal metadata (XDR has a full set) you can send out the minimal for SMPT. I agree this makes more sense.
- Question (Claudia Boldman): Is there anything different with the security over the web portal?
    - Answer (John Halamka): The payload is displayed in your browser so you do not need to download the file. It is actually more secure. It is encrypted from point of origin to point of use. The user cannot persist something on their local drive. Encryption is always happening through a tunnel.
- Comment (Manu Tandon): This does not change the HIway security.
- Question (Cecilia Gerard): Have any providers given feedback that they found this as an impediment?
    - Answer (John Halamka): Yes, they cannot achieve Meaningful Use Stage 2 because they cannot receive messages [eCW and Meditech users]. This is the second instance where

we are learning from the market but in both situations we are not violating the Direct standard.

- Question (Larry Garber): Is there an Estimated Time of Arrival (ETA) for the updates to occur?
    - Answer (Darrel Harmer): Now that we have Council approval the next step is to go back and size it. We will have to manage the work queue and Orion resources, but this has been a significant blocker for getting providers on so it's a priority.
- Question (Laurance Stuntz): Do you have documentation somewhere for the linkage between vendors and issues?
    - Answer (Darrel Harmer): If you recall the Meditech XDR project – it went so well that we expanded it and is now the foundation for this. We have a fair amount of work to do, but getting there. Need to make sure it is scalable.

(Slide 28) Phase 2 Pilot Update – The 4 Query & Retrieve pilot organizations met on July 8 to share progress, documents, and lessons learned. All pilots have been able to implement consent. Pilots requested more documentation to speed implementation and all sites are on track to begin sending patient-consented demographics to the Relationship Listing Service in late summer/early Fall

- Comment (John Halamka): We shopped the educational materials and consent language around to our Families and Patients Advisory Committee at a two hour dinner. They felt the way we originally formatted our consent documents did not represent meaningful consent - a patient is sitting with a three page document in severe abdominal pain on Saturday morning and is just signing his or her name. Now we have reformatted it- we enumerate the HIway and the patient must agree that "Yes, I have received the educational materials," and "Yes, I have decided I want my data shared."
- Question (Laurance Stuntz): When will you have an idea of how many "no's" you receive?
    - Answer (John Halamka): We are rolling it out with four clinics in September.
- Comment (Deborah Adair): We started gathering consent in July. We built it into the system and patients sign an electronic form. We should be able to get some metrics out soon.
- Question (Karen Bell): What type of transactions are happening, intra-organization or outside of the organizations? Thinking about Accountable Care Organizations (ACO's), what is the extent that we are seeing ACO to ACO transactions?
    - Answer (Mark Belanger): We can see just the number of transactions between domain names and infer what type of exchange is happening since we cannot see what the message contains. The Council looked at the data in December and February broken out into quality reporting, public health reporting, care coordination, and case management.
- Comment (Karen Bell): It might be interesting to do the provider to ACO linkage from the Health Policy group. I think it would be easy to link the domain with the organization at least for relative volumes. It would be an interesting real time metric to look at.
- Comment (Manu Tandon): Right now it is a pretty manual process- we will look into how to do that.

- Comment (Eddy Rospide): One of the things we are doing with the grant is provider notifications. We are getting alerts for patients involved specifically in an ACO. We track that from registration.
- Comment (Manu Tandon): We will have to look into that, operationally it may not be hard to do but we need to figure out the consent and policy behind it.
- Comment (Larry Garber): The easy thing is to know what we already have- matching the patient with the organization. The trickiest will be Home Health because they are not going to be sending ADTs.

Discussion Item 3: Massachusetts eHealth Institute (MeHI) Update (Slides 30-38)

See slides 30-38 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Massachusetts eHealth Institute's updates were presented by MeHI HIE Director, Sean Kennedy

(Slide 30) HIway Implementation Grant: Progress – Implementation grants and vendor interface grants ended in June. MeHI worked with 32 provider organizations and 32 vendors. We lost one organization that did not really engage, though their trading partners did. North Adams Hospital also dropped out when it closed. Overall, there was great participation throughout!

The first milestone was getting all of the information submitted. Milestone two was getting the Provider Directory information. Milestone three was to send test transactions. Milestone four was taking the use case that was originally proposed and actually putting it to use on the HIway. For the organizations that were close, but not there yet, they resorted to webmail. Twelve organizations are committed to moving forward. The last milestone was the final report to identify issues, gaps and successes. MeHI asked each participant, "Without this grant could you have participated?" 75% responded that they were doing this because of the grant. A final summary report is in the works and will be coming soon.

(Slide 31) HIway Interface Grants: Progress – We started with thirteen and one did not engage. There was a milestone three workaround with the test transactions if they were 'HISP gated.' Three made it to the end – eHana, McKesson and Healthwise. Six of the nine vendors are HISPs and with those came roughly 29 different trading partners. All vendors were required to bring a use case and trading partner with them.

- Question (Steven Fox): Did we lose the money on the one that dropped out? What was the reason?
    - Answer (Sean Kennedy): They did not get paid because payments were tied to milestones. NoMoreClipboard ran into organizational priority issues. They were coming in as a HISP and knew it was a lot of work.
    - Comment (Laurance Stuntz): lifeIMAGE dropped out as well.
- Question (Claudia Boldman): What is the issue they are referring to with the Directory?
    - Answer (Deb Adair): It is hard getting people into the Directory.

(Slide 32) MeHI's Ongoing Support to the HIway- MeHI will continue to support the HIway and support adoption of HIT more broadly. We are now shifting more focus to adoption and impact. The slide lists some activities that MeHI will be doing. The list has been worked out with EOHHS so there is no duplication of efforts. The eQuality Program will focus on Behavioral Health and Long Term Care - helping them get an EHR, get the information digital, and ultimately connect to the HIway. Connected Communities will include 15 Massachusetts communities- getting them discussing their eHealth needs and develop a program. A lot more to come on these. A HIway publication is in the works to help further describe the state HIE grant. MeHI also had grantees identify a use case early on and is starting to build these into stories. There are roughly six on the website now and we will have more as they develop.

(Slide 33) Adoption: HIE Learning Series – The series is getting a lot of support from the community. They launched in May with a webinar. All have had roughly 100-100+ participants. Eddy joined the last one and shared his experience with the HIE. In July the topic was Meaningful Use and the HIE. This month we will look at the public health registries. We will also be looking for other organizations to share stories about operationalizing consent. These are all on the MeHI website now.

(Slide 34) Adoption: Use Case Library- MeHI is taking grantee experiences and parlaying them into stories. The idea is by putting those out there with detail it might help others connect to the HIway more easily. There is a list of the objectives, the type of document being sent, why they are doing it, who the trading partners are and the type of data exchanged. It is in very beta form and we are open to comments from the Council.

(Slide 35) Adoption: Use Case Development Form- The form answers the six questions listed on the slide to help others get connected.

- Comment (Larry Garber): I would suggest patient matching and routing- that should be part of this so that it is right at the forefront of thinking
- Comment (Sean Kennedy): That is the intention - to find out who they are sending to.
- Comment (Larry Garber): Destination person too - I would put those questions in there.
- Comment (Deborah Adair): "Do you have the correct addresses?" would be a good question to add.
- Comment (Sean Kennedy): This is just an initial set of questions. We found that people really hadn't thought about some of these very basic ones. In the final reports we heard more often than not people were doing transaction to meet Meaningful Use and also many were still sending the paper record for transitions. This is not intended to be the end all be all, just some questions to help people get started.

(Slide 36) Adoption: HIE Stories – A screenshot of some of the stories on the website was provided.

(Slide 37) Adoption: HIway Status Map– MeHI worked with HHS to build a status map to show who is out there on the HIway now, hopefully to help others determine who they can connect and trade with. MeHI put that info into a graph which is available on the website. Right now this is just the minimum set of information to help people find trading partners and we are open for comments from the Council.

(Slide 38) Impact: Connected Communities – This program is all about taking these regions and moving them forward. We will keep people posted as things move along this summer.

- Question (Karen Bell): Is there a national effort to collect HIE stories from around the country?
    - Answer (John Halamka): Karen DeSalvo is very interested in doing this and there is now a Senate bill to look at the state of interoperability.
    - Answer (Larry Garber): There is also the JASON report.
    - Answer (Sean Kennedy) There is a tool that The Office of the National Coordinator for Health Information Technology (ONC) has that allows you to search for things like HIE and Transition of Care.

Discussion Item 4: Wrap-Up (Slide 54)

See slide 54 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Wrap-up presented by Darrel Harmer.

The schedule for the 2014 HIT Council Meetings was provided.

- ~~January 13~~
- ~~February 3~~
- ~~March 3~~
- ~~April 7~~
- ~~May 5~~
- ~~June 9~~
- ~~July 7 – cancelled~~
- ~~August 4~~
- **September 8**
- October 6
- November 3
- December 8

** All meetings will be held from 3:30-5:00 PM at One Ashburton Place, 21th floor, in the Matta Conference Room.*

The HIT Council meeting was adjourned at 4:42 P.M.